		CLAIMS	S AS FILE	D - PART	1			CAAAAA	F 1 1717					
(Column 1) (Column 2)								SMALL ENTITY TYPE				OTHER THO		
•	FOTAL CLAIM	ls ·					1	RATE	F	ÉÉ	7	RATE		
F	FOR		NUM	NUMBER FILED		NUMBER EXTRA		BASIC FEI		0.00	OR	BASIC FI	EE 30	
1	TOTAL CHARG	EABLE CLAIM	ıs	minus 20=			X\$ 25=				OR	X\$50=	1	
11	1DEPENDENT	CLAIMS	·	minus 3 =				X100=			1	-		
MULTIPLE DEPENDENT CLAIM PRESE				ESENT							OR		╂~	
-	If the different	ce in column 1	l je lese tha	n zero, enter	*0* io	'0" in column 2		+180=	-}			+360=	1	
•						COUNTY		TOTAL			OR		-	
		CLAIMS AS		Colum)		(Column 3)		SMALL	. ENTI	TY.	OR	OTHE		
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